ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.)		FOR COURT USE ONLY
ATTORNEY FOR (Name):	Bar No:	
SUPERIOR COURT OF CALIFOR JUSTICE CENTER: Central Harbon STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	NIA, COUNTY OF ORANGE r ☐ Lamoreaux ☐ North ☐ South ☐ West	
PLAINTIFF / PETITIONER:		
DEFENDANT / RESPONDENT:		
	ANGE OF ADDRESS Small Claims Family Law Probate	CASE NUMBER:
PLEASE TAKE NOTICE that effective	ve <i>(date)</i> , th	e address and telephone number of <i>(name)</i> will be changed to the following:
Date:		
TYPE OR PRINT NAME		SIGNATURE OF PARTY OR ATTORNEY
	DECLADATION OF SERVICE BY MAIL	
	DECLARATION OF SERVICE BY MAIL	
postage fully prepaid addressed as shown above	nis legal action. I deposited this Notice of Change of Ade. I am a resident of or employed in the county where	dress in the United States mail, in a sealed envelope with the mailing occurred. My residence or business address
	Place of mailing (city and state):	
I declare under penalty of perjury under the laws	s of the State of California that the foregoing is true and	correct.
Date:	_	
TYPE OR PRINT NAME	- (See reverse side for Instructions for Ma	SIGNATURE OF DECLARANT illing)

INSTRUCTIONS FOR MAILING

A Notice of Change of Address must be served on all parties that have appeared in the action, by anyone at least 18 years of age EXCEPT A PARTY TO THIS LEGAL ACTION.

Whoever serves the Notice of Change of Address must fill out and sign the Declaration of Service By Mail (on the front side of this form). File the original with the court as soon as the Notice of Change of Address is mailed.